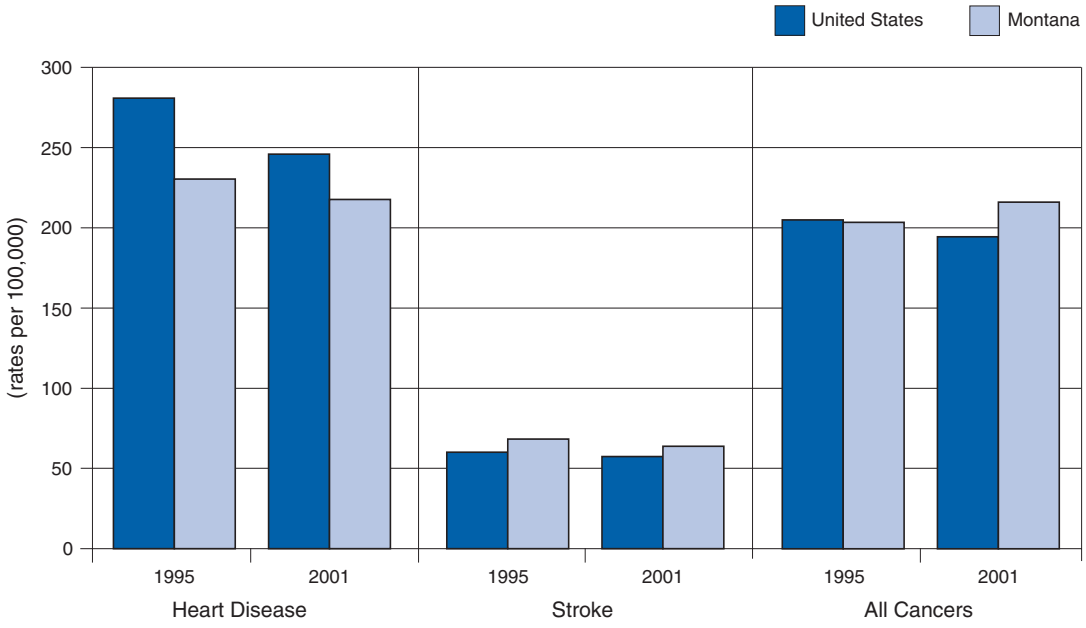
Montana

Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Montana, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

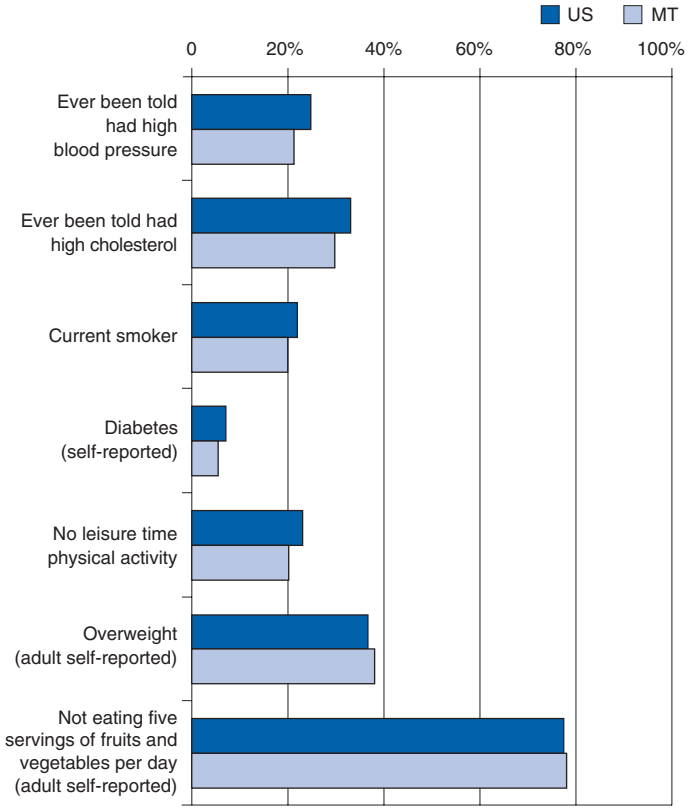
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Montana, accounting for 1,970 deaths or approximately 24% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the fourth leading cause of death, accounting for 578 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 2,060 are projected for Montana. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 5,000 new cases that are likely to be diagnosed in Montana.

Estimated Cancer Deaths, 2004

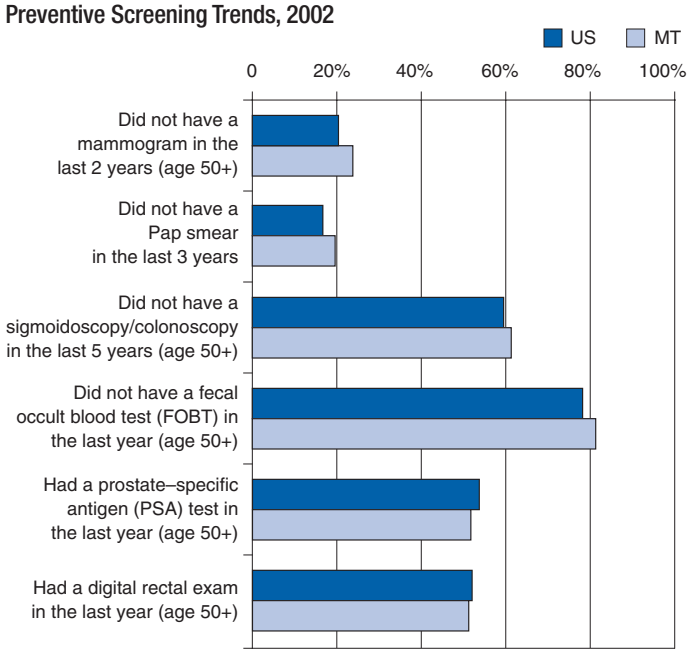
Cause of death	US	MT
All Cancers	563,700	2,060
Breast (female)	40,110	110
Colorectal	56,730	180
Lung and Bronchus	160,440	600
Prostate	29,900	140

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Montana's Chronic Disease Program Accomplishments

Examples of Montana's Prevention Successes

- Stastically significant decreases in cancer deaths among women across all races (173.0 per 100,000 in 1990 versus 160.6 per 100,000 in 2000). Among men across all races, there was a decrease in cancer deaths, although the decrease was not statistically significant (250.5 per 100,000 in 1990 versus 242.2 per 100,000 in 2000).
- A 13.5% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 37.3% in 1992 to 23.8% in 2002).
- Lower prevalence rates than the corresponding national rates for self-reported diabetes (5.5% in Montana versus 7.1% nationally) and for self-reported obesity (18.8% in Montana versus 22.8% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Montana in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Montana, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) *Montana BRFSS*	$209,204
National Program of Cancer Registries *Montana Cancer Registry*	$239,844
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program *Montana Cardiovascular Disease Prevention and Control Plan 2000* *Cardiovascular Disease/Obesity Prevention Task Force* *Cardiovascular Health Summit*	$913,797
Diabetes Control Program *Chronic Disease Prevention and Health Promotion Programs*	$616,997
National Breast and Cervical Cancer Early Detection Program *Health Policy and Services Division*	$1,751,293
National Comprehensive Cancer Control Program	$0
WISEWOMAN	$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program *Montana Tobacco Prevention Information*	$825,415
State Nutrition and Physical Activity/Obesity Prevention Program	$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	$0
Total	**$4,556,550**

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Montana that fall into other health areas. A listing of these programs can be found at http://www.cdc.gov/nccdphp/states/index.htm.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD), including coronary heart disease and stroke, is the number one cause of death in the state of Montana and accounted for 30.8% of all the state's deaths in 2001. The age-adjusted death rate for heart disease in Montana from 1996 to 2000 was 431 per 100,000. The age-adjusted death rate for stroke in Montana from 1996 to 2000 was 124 per 100,000, which was higher than the national rate of 121 per 100,000. In Montana, the number of hospitalizations for heart attacks increased slightly, from 2,512 in 1995 to 2,642 in 2000.

According to data from CDC's 2003 Behavioral Risk Factor Surveillance System, 21.3% of the population reported that they had been diagnosed with high blood pressure, and 29.8% reported that they had high blood cholesterol. More than 20.0% of Montanans did not consume 5 or more servings of fruits and vegetables per day and 41.5% of adults in Montana did not meet the recommended guidelines for moderate physical activity. As a result, more than half of Montana's residents were overweight (37.9%) or obese (18.7%). In addition, 20% of Montana adults were smokers. A 2003 report by the Montana Cardiovascular Health Program indicated that Montanans aged 65 and older were at higher risk for a heart attack or stroke, but were less likely than younger adults to recognize all the symptoms of heart attack and stroke.

In an effort to address Montana's CVD problem, the Montana Cardiovascular Health Program conducts statewide activities to promote cardiovascular health and to prevent cardiovascular disease and its associated risk factors, such as physical inactivity, obesity, hypertension, and high blood cholesterol. The program has assessed existing policies and environmental supports that promote cardiovascular health in a variety of settings, including schools, worksites, health care institutions, and communities. The program has formed a statewide Cardiovascular Disease and Obesity Prevention Task Force, has provided resources for Montana elementary schools to participate in "Walk to School Day," and sponsored the Cardiovascular Health Summit conference for health professionals. The program also promoted healthy eating and active lifestyles by co-chairing Eat Right Montana, a statewide nutrition and physical activity coalition; by implementing a multiyear "Healthy Families" media campaign; and by participating in the State Advisory Council on Food and Nutrition.

Text adapted from *The Burden of Cardiovascular Disease in the State of Montana* (2003).

Disparities in Health

Across the country, American Indians and Alaska Natives (AI/ANs) comprise more than 500 federally recognized tribes and represent 1% of the U.S. population. Compared with other racial and ethnic minorities, AI/ANs have the highest poverty rate, 26%, which is twice the national rate. AI/ANs also are experiencing increasing health disparities.

According to the U.S. Census, AI/ANs are Montana's largest minority group and accounted for approximately 6.2% of the state's population in 2000. Data from the Indian Health Service on regional trends in Indian health show that, nationally, the life expectancy of AI/ANs born today is 70.6 years—almost 6 years less than the life expectancy of the U.S. population for all races (76.5 years). In the Billings Indian Health Service area, which includes Montana and Wyoming, the AI/AN life expectancy is 67.9 years—more than 8 years lower than the life expectancy of the U.S. population as a whole.

In 2001, Montana's AI/ANs had higher death rates than whites for heart disease and stroke. That year, AI/ANs had the highest heart disease death rate in the state (550 per 100,000); this rate was also higher than the national average for all races (536 per 100,000). During the same period, the AI/AN population also had the highest stroke death rate (149 per 100,000), a rate that was also higher than the stroke death rate for the entire U.S. population (121 per 100,000).

Montana's AI/AN men had a heart disease death rate that was almost twice the rate for AI/AN men nationwide (879 per 100,000 for AI/AN men in Montana compared with 444 per 100,000 nationally). Discrepancies in heart disease death rates for AI/AN women in Montana and in the United States were not as large, but were still higher for AI/AN women in Montana (336 per 100,000, compared with 278 per 100,000 nationally).

Other Disparities

- **Overweight and High Blood Pressure:** A 1999 survey of AI/ANs living on or near Montana reservations found that more than 60% of respondents age 45 and older were overweight and more than 40% had high blood pressure.
- **Diabetes:** The 1999 survey found that 13% of AI/ANs age 18 and older living on or near Montana's reservations had diabetes, compared to 3% for all Montanans.
- **Smoking:** In 1998, Montana AI/ANs under age 45 were more likely to smoke (42%) than AI/ANs aged 45 and older (32%); these rates were higher than the rate for all white Montanans (21%).

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